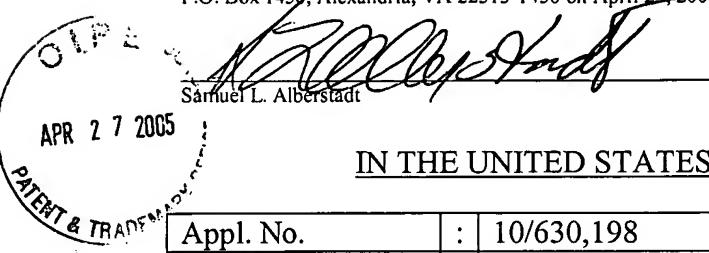


CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 25, 2005

Samuel L. Alberstadt

APR 27 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|--------------|---|-------------------------------------|
| Appl. No. | : | 10/630,198 |
| Applicant | : | Brau, et al. |
| Filed | : | July 29, 2003 |
| Entitled | : | SUPPORT DEVICE FOR VERTEBRAL FUSION |
| Art Unit | : | 3732 |
| Examiner | : | Barrett, Thomas C. |
| Docket No.: | : | BRAUS-64971 |
| Customer No. | : | 24201 |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR ONE MONTH EXTENSION OF TIME

Dear Sir:

Applicants respectfully request a one-month extension of time within which to respond to the Office action mailed on January 21, 2005. A check in the amount of \$60.00 (small entity) is attached.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By:


Samuel L. Alberstadt
Registration No. 36,722

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6060 Center Drive, Tenth Floor
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Telephone: (310) 824-5555
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Customer No. 24201
87358.1

04/27/2005 ZJUHAR1 00000030 10630198

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APR 27 2005

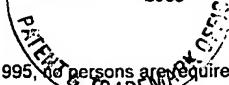
PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Doc Code:

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
\$60.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 10/620,198 |
| Filing Date | July 29, 2003 |
| First Named Inventor | Salvador A. Brau |
| Examiner Name | Barrett, Thomas C. |
| Art Unit | 3723 |
| Attorney Docket No. | BRAUS-64971 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|----------|---------------|
| - 20 or HP = | x | \$25.00 | = \$0.00 | | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - 3 or HP = | x | \$100.00 | = \$0.00 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------|---------------|
| - 100 = | / 50 | (round up to a whole number) | x \$125.00 = | \$0.00 |

| 4. OTHER FEE(S) | Fee Paid (\$) |
|---|---------------|
| Non-English specification, \$130 fee (no small entity discount) | |
| Other (e.g. late filing surcharge): One Month Extension Fee | \$60.00 |

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 36,722 | Telephone | (310) 824-5555 |
| Name (Print/Type) | Samuel L. Alberstadt | | Date | 4-25-05 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.